PLACE OF DEATH County County	O1771 STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIR CORPORATO LIMITS OF	Registration Dist. No. 16
Village or City Lacobard Jones 2FULL NAME Many Jones	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
(Month) (Day) (Year)	that I last saw her alive on Peter 26 , 192/
	and that death occurred on the date stated above, at ## Pm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Hacers cerefa	Oneumania Cobas
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos & ds
9 BIRTHPLACE (State or country) Many lease	Contributory Secondary (Durstion)
10 NAME OF FATHER John Just	(Signed) D. M. D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence. Madrian, Mrd
(Informant) MS J.6. Janes. (Address) Cambridge Me	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL Clark Charle Me May 1, 1831
15 Filed Feb. 28, 1981 E. E. Zurlff. Registrar	20 UNDERTAKER GADDRESS ADDRESS Messebuly Me
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The materia first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emrarm laborer, Laborer—Coal minc, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death cough; Chronic valvular Always qualify all heart disease;

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County D nichester	GERTIFICATE OF DEATH
WITHIR GERPORATE LIMITE OF	Registration Dist. No. 116
Village or City Cumbridge (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and
2FULL NAME John Westly Ball	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS that I day hrs. 6 2 yrs. 9 mos. 6 de. or min.	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (
(Address) / Well St Filed The 8 1931 Exchange	usual residence 19 PLACE OF BURIAL OR REMOVAL Cambudge Ind Feb 8, 19 3/ 20 UNDERTAKER ADDRESS On Modern St. Class Cambudge Ind Company St. Mar. St. Class
Registrar	I SW. At Clair landeredy me

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise speriments. The laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile foctory. The material Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation not gainfully em-6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed.



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Every item CIANS sho statement

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PLAC	CE OF	DEATH	
County	60	nchi	ster

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. //

	C.

(If death occurred in Ward) a hospital or institution, give its NAME is number.)

2FULL NAME

PERSONAL AND STATISTICAL PARTICULA

5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED Write the word)

7 AGE

Village or City

(Day) (Month)

I day hrs.

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

> 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) (Address)

Filed

Registrar

(Year)

If LESS than

MEDICAL CERTIFICATE OF DEATH

16 DAT	E OF DEATH	Feb	24	, 1937
17		(Month)		
that I	last saw hali	e on		, 192
and the	at death occurred o	n the date state	ed above, at	n
The CA	USE OF DEATH *	was as follows:		

Contributory Secondary

192 (Address)

*State the I'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

Where was disease contracted, if not at place of dea.h?.....

usual residence ..

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (o) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-,, etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the Direction with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosynul fever (the only definite synonym is "Epidemic cerebrosynul mal meningitis"); Diphtheria (avoid use of "Croup."); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

12 (Recommendations on statement of cause of death approved by Committee on ictanus) may be stated under the head of "contributory." American Medical Association.) "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," stated unless important. Example: Meastes (disease use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid corbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary) Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) affection need not be cough; Chronic and consequences (c. g., scpsis, volvulor heart diseose etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions canswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

6. S. No. 1

Exact	PLACE OF DEATH County D V C	01774 STATE OF MARYLAND CERTIFICATE OF DEATH
·pe	County	Registration Dist. No/_/_
operly classifi certificate	Village or City Cyapo (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and
operly	2FULL NAME LEFT COME	Drollow rumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MIDICAL CERTIFICATE OF DEATH
y be pr	Male With (Write the Word)	16 DATE OF DEATH (Signth) (Day) (Year)
me on b	6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I settended the deceased from
at It	Teh: 193	that I last saw halive on, 192,
tho	7 AGE (HESS than	and that death occured on the date stated above, at
stru	flelltru I day hrs.	The CAUSE OF DEATH * was as follows:
erm o ins	B OCCUPATION ds. or min.?	Itell bory
Se t	(a) I rade, profession or particular kind of work	
pla nt.	(b) General nature of industry business, or establishment in	(Duration) yrs. mas. de
ri o	which employed or (employer)	Contributory Chare -
ATII	9 BIRTHPLACE (state or country)	Durstion) yrs. mos. ds
DEA	10 NAME OF	(Signed) Lecto. June 14. D
0 P	FATHER Major a Broth	192/ (Address) @ ap 1- 721
ON	OF FATHER Z (State or country)	the the listase Causing leath, or, in deaths from Victor Causes, state (1) Means of Injury and (2) whether Accidental, Sciencial or Homicidal.
PAT	of CF MOTHER Theolesia Brank	18 L.NGTH OF RESIDENCE (For hospitals, Institutions, Translients or Recent Residents)
stat	13 DIRTHPLACE OF MO"HER (State or country)	At place of death yis mos. ds. State yrs ds
onid of O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sho	Coformant) Marin Bradford	Former or usual residence.
200	(Informant) Major Johnayoru	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Teb 7, 1736
CIA	15 Filed Fet 7 19831 Pars IN J Cusies	Major Bradford Flotrates
•	If more blanks are needed, addruss Ltate Registra	ar, 16 W. Saratosa St., Laito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (0) tired 6 yrs). For persons who have no occupation worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer in state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken wark, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Civil engineer, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on Stationary fireman, (t. But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrosphall fever (the only definite synonym is "Epidemic cerebrosphal menicitis"); Diphtheria (avoid use of "Crouncina") Typhoid fever (never report "Typhoid Pneumonia").

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answered in derail, it will prevent further correspondence. . : io data is essent al and must be obtained before the cartificute is permanently filed.

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St.: Ward) ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX MARRIED. WIDOWED. OR DIVORCED (Write the word) 17 DATE OF BIRTH ction (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at. I day hrs. MARGIN RESERVED min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration)vrs.....vrs. which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) TO 10 NAME OF FATHER (Address) 11 BIRTHPLACE ENTS OF FATHER TION Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (State or country 12 MAIDEN NAME R OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death ______ yrs _____ mos . _____ds. should ent of OC (State or Country) Where was disease contracted, if not at place of death?. THE BEST OF MY CIANS sho statement Former or usual residence BURIAL (Address) 20 UNDERTAKE

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Yes I HEREBY CERTIFY, That I attended the deceased from

the Disease Causing Death, or, in deaths from

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

If more branks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the pisse EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,");

American Medical Association.) approved by Committee on Nomenclature of the telants) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitual nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronie valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory

OCCUPATION

RENT

Every item CIANS sho statement

(a) Trade, profession or

particular kind of work (b) General nature of industry business, or establishment in

13 BIRTHPLACE OF MOTHER

(State or Country)

which employed or (employer)

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	NT CCC	stated EX properly c
N CONTRACTOR	ERMA	hould be st
ב	IS A P	d. ACE s
CIN RESERVED FOR BINDING	ADING INK-THIS IS A PERMANT CORD	be carefully supplied. ACE should be stated EXACTLY, PHYS ATH in plain terms so that it may be properly classified. Exact
	AD	AT

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PLACE	OF	DEATH
ounty Do	re	hester

	1)]	6
6	77)	

Contributory

Secondary

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

		(No. Eastern_St	Ore State Hospst.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERS	SONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sex Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married	February 23., 1923] (Month) (Day) (Year)
6 DATE OF		22, , 1870 (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from October 25, 1920 to February 23, 1921, that I last saw him alive on February 23, 1923]
7 AGE	61 yrs.	l day hrs	and that death occurred on the date stated above, at 6:22 P.m. The CAUSE OF DEATH * was as follows: Cerebral arterio-sclerosis

9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Samuel W. Brerewood 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER

Emma Corsey

Virginia

Farmer

			_					_			
14	THE	ABOVE	IS	TRUE	TO	THE	BEST	OF	MY	KNOWL	EDG

(Informant) E.S.S.Hospital Records

(Address) Cambridge Maryland

1 Nolth	
100	
// Registrar	

Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.			
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals,	Institutions,	Trans
At place of deathyrs	In the State	yrsmos	d
Where was disease contracted, por	cheste:	r Count	J

Cambridge Maryland

Acute enteritis

Vr.S. (Duration)

		•
PLACE OF BURIAL OR REM	MOVAL DAT	E
Carcelanda Ca	ente 1/	1
	7-1	•••

20 UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

19

Former or

usual residence

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return" Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, (b) (b) Automobile factory. The material Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepais, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronicetc. valvular heart disease Nomenclature of the The contributory Always qualify all

0.1	HYSI- Exact	PLACE OF DEATH County Descheete	01777 STATE OF M	
		County of the state of the stat	Registration I	112
SKO	EXACTLY, P ly classified. ficate.	Village or City aylori klands.	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
S	erly cla	2FULL NAME JM S. Bro	wn	stead of street and number.)
-	stated properly f certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
A INEN	be ok	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH	13 , 183 / (Year)
INDI	houid t may on ba	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I att.	
BIR	s t s	Month) (Day) (Year)	that I last saw have alive on Section	C-29, 182/,
SAS	ACE that	7 AGE IfLESS than	and that death occurred on the date stated	
D F	pplied. erms se e instru	66 yrs. 8 mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follows:	
RVE	supplient term	a OCCUPATION (a) Trade, profession or	Chromis Inters	totice
RESE G INK	ully piai	barticular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Mefferthe (Duration) 1	yrs, timos todo.
Z	e caref ATH in mporta	9 BIRTHPLACE (State or country)	Contributory Secondary	
TARG	uid b F DE	10 NAME OF FATHER (R) (B) (B) D.D.	(Signed) Duration)	утв
≥ E	sho is	11 BIRTHPLACE	191/ (Address) (Address)	a distriction of the
M	AUS	OF FATHER (State of country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, Violent Causes, atate (1) Means of In Accidental, Suicidal or Homicidal.	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	e c PAT	of MOTHER Mary Stafleforts	18 LENGTH OF RESIDENCE (For Hospit	als, Institutions, Trans-
0	informati state C/	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the	eyrsmosds.
4	m of hould	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	be
T	item sho	(Informant) My Farry Reene	Former or usual residence	
WRIT	Every it CIANS statem	(Address) Taffor Island	Taylor Sland	Feb 26 1931
000	SEv	15 Filed Tel 26 198/ J. P. Nuld	20 UNDERTAKER	ADDRESS
	ż	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V.	5. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (o) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cochployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation --Coul mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia")

stated unless important. Example: Measles (disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Manys) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Whooping cough; approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy trainemerican Medical Association.) Recommendations on statement of cause of perilonacum, etc., Carcinomo, Sorcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY "Heart failure," "Haemorrhage, Chronic etc. volvular heart disease; Nomenclature The contributory

WITTER CORPORATE LIMITS OF	Jan Jan Mary 1
PLACE OF DEATH	O1778 STATE OF MARYLAND
County Drichister	CERTIFICATE OF DEATH
County JANOUN	116
	Registration Dist. No.
Village or City Candille (No. 9)	Quant Str. Ward) (If death occurred in a hospitel or institution, give its NAME in stead of street and
2FULL NAME (ilie Celesce Ch	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF BEATH 16 DATE OF BEATH 1981
	(Mouth) 16 (Day) 17 3 (Year)
6 DATE OF BIRTH	3 lf 16 1921 to Jeh 16 ,1921
(Month) (Day) (Year)	that I lest saw h the alive on at 16 , 13/
7 AGE Ilf LESS than	and that death occurred on the date stated above, at / 2.2.2.2. m
l dayhrs	
12 yrs. Y mos. 10 ds. or min.	luluma
8 OCCUPATION	
(a) Trade, profession or particular kind of work School shild	**************************************
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos / O d
9 BIRTHPLACE	Contributory Branchojuumonia
(State or country) Cambudge hel	(Duration) yre Almot 3 d
10 NAME OF FATHER 0	(Signed) Carroll In St Clair M. I
Soling thush	- 3ch 16 1034 (Address) Prine + Celan Sto
II BIRTHPLACE OF FATHER (State or country) Cumbuda The	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
a starty according	ients or Recent Residente)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosd
(State or Country) Cambridge Mil	Where was discuss contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of deeth?
Q · 1. :1	Former or usuel residence
(Informant) Larry Count	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 9 lendis Lane Camb. My	Blambudge mg Feb 19, 193
Filed Fel /8 1981 ERWAY Registrar	20 UN DERTAKER ADDRESS A. M. Sh. Clau Carul M
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement etc., report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material If the occupation has been changed single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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See instructions on back of certificate.

statement of

V. S. No. 1

	County Dorchester	
	OFFICE CORPORATE LIMITE OF	3
	P 1 1	
Vil	ago or City Cambridge (No.	_
	2FULL NAME Rebella Con	_
	FOLL NAME	-
_	PERSONAL AND STATISTICAL PARTICULARS	_
70	mall Calared Single, Married Wildowed. Malared Write the word)	1
8 1	(Month) (Day) (Year)	1
7 /		
	52 yrs. (mos. ds. or min.)	1
(b)	Trade, profession or Naux works Of General nature of industry Issiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) Oscilester O	
-	10 NAME OF	
NTS	11 BIRTHPLACE OF FATHER (State or country) Dorcherter Co) '
PARENTS	12 MAIDEN NAME Cuvenia Perky	1
	13 BIRTHPLACE OF MOTHER (State or Country) Dorchester Co	40
14	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1
	(Informant) William Hayes	1 0 0
	(Address) lambudge hid	
15	Filed Jel 23, 1931 ERWOFF Registrar	2
	(Informant) Culliam Hayes (Address) Cambudge md Filed Jel 23, 1931 Ellogg	Fu

01779

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institution, give its NAME insteed of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH JULY (Month) 20 (Day) 34 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 34 to Jell 20 , 1924, that I last saw h w alive on Jell 20 , 1924, and that death occurred on the date stated above, at 9:00 a.m. The CAUSE OF DEATH * was as follows:
Chronic
(Signed) (Address) (Address) Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents) At place In the of desth yrs
Former or usuel residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jels 23, 1931
20 UNDERTAKER A. M. St. Claur Cambo Med

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURNA

1PLACE OF DEATH	01780 STATE OF	MARYLAND
County Are	CERTIFICATI	
	Registration	Dist. No.
Village or City Genetary (No	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	& MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	, 1937
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	
Feb. 2, 1931	7-24 , 2 192 . to	, 1927/,
(Month) (Day) (Year)	that I last saw halive on	, 192,
7 AGE If LESS than I day hrs. mos. ds. or min.?	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	d above, atm.
B OCCUPATION (a) Trade, profession or	Miss Comes	
particular kind of work		······································
business, or establishment in which employed or (employer)	(Durstion)	yrsds.
9 BIRTHPLACE (State or country)	ContributorySecondary	~
10 NAME OF LON Caulbourn	(Signed) (Durstion),	yrsmosds.
11 BIRTHPLACE	192 (Address) Office	lock
OF FATHER SON . CO. Just .	*State the Disease Causing Death Violent Causes, state (1) Means of L Accidental, Suicidal or Homicidal.	or, in death from njury and (2) Whether
of MOTHER Sloven U a Nichala	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER 1908 - 60, North	At place In the	e ateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	
La familiare	Former or usual residence	***************************************
(Address) Screen mod	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed 192	20 UNDERTAKER	ADDRESS
none usueld Registrar	1	1

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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	ENT	stated EXACTLY,
SINDIN	PERMA.NE	should be
MARGIN RESERVED FOR BINDING	E PLANLY, WITH UNFADING INK-THIS IS A PERMANENT ECORD	of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI ould state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact
W/	E PLANTH U	of information shoul

7 AGE

6 DATE OF BIRTH

OCCUPATION

9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE

(a) Trade, profession or particular kind of work (b) General nature of industry

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

business, or establishment in which employed or (employer)...

1			_				
PI	.AC	E O	F	DEA	HT		
County		Jas	سر		i		
		1				>	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 115

DATE OF BURIAL

	ULL NAME Beng	Jamin Wesley	Cuighter		d) (If death a hospital tion, give I stead of number.)	occurred in or institu- its NAME is street and
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH	
han	4 COLOR OR RACE	B SINGLE, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	Fel.	2 (Day)	193 \

(Yea

IIILESS t I day

ds. or mi

	16 DATE OF DEATH TOLK 21 , 193	1
	(Month) (Day) (Year)	
-	HEREBY CERTIFY, That I attended the deceased from 1921. to TW. 21	
<u>Z</u>	that I last saw hum alive on TW: 19, 193	
nan	and that death occurred on the date stated above, at	
nrs.	The CAUSE OF DEATH * was as follows:	
in.?	D	
	Jubicutoris of Juny	***
····		104
	(Duration) yrs. mos	.d
	Contributory Secondary	•••
	(Duration) yrsraos	d
	(Signed James) Meale M.	2
	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra	b
	At place In the of deathyrsmosds. Stateyrsmos	d
	2WO 10 10	

PARENTS 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed. Registrar

(Month)

mos.

(Day)

19 PLACE OF BURIAL OR REMOVAL

if not at place of dsa.h?.

usual residence

20 HNDERTAKE

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

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gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But iu many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—coat mine, eve. wuun-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Paysician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, " etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation 6 Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted fewer the same disease. Examples: ("crebrospinal fewer the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"), Typhoid fewer never report "Typhoid Pneumonia,".

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congeuital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease, Example: Measles (disease affection necd etc. The contributory Nomenclature of the Measles; not be

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state occupation at beginning of illness. If retired from tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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American Medical Association.) approved by Committee on accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was understated unless important. use of "Tumor" for malignant neoplasms); inges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles ;

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None of the North American Public Heal Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; if fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) should be used only when needed. As examples: (a) sary to know the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective o cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook ployed, as Atachool, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Housemand etc. Never return "Laborer," "Forcman," "Manager," "Deal. ," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term or especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, without more precise specification as Day Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed mill; (a) Salesman, Laborer-Coal minc, etc. Wom-Architect, Locomotive engineer,

Statement of Cause of Death 'Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart ranner," "Old Age," "Shock," "Tranition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, (secondary Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-("Congenital," or intercurrent) affection need "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

PLACE OF DEATH	01754 STATE OF MARYLAND
County Deschister	CERTIFICATE OF DEATH
The second secon	Registration Dist. No. //6
CONTRACTOR LIMITS OF	
Village or City Combudge (No. 30	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME William Sale	St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
WIDOWED, OR DIVORCED	Jehnay 27, 1931
male Colons (Write the word)	February (Month) 2.7 (Day) 31 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 22 , 1928	February 2 6 1931 . to Defray 27, 1981,
(Month) (Dey) (Year)	that I last saw h Annualive on Debugg 7-1, 1984.
7 AGE If LESS than	and that death occurred on the date stated above, at
l dayhrs.	The CAUSE OF DEATH * was as follows:
2 yrs. 8 mos. 5 ds. or min.?	Bronchagnenmin
OCCUPATION (a) Trade, profession or	(Orionen)
particular kind of work	
(b) General nature of industry	***************************************
business, or establishment in which employed or (employer)	(Durstion)yre mos de. de.
2	Contributory
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Duration)
FATHER ON 10 . IA . 0 P	(Signed) M. D.
11 BIRTHPLACE	2 et 27 1981 (Address) Gine + Celan Sta
OF FATHER	
(State or country) + annual of the	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER AL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsmos,ds,
(State or Country) Combined Tree	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of death?
(Informant) William Hall sv	usual residence
(informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 30 3 Air DA	Bethel Cemetery Feb 28, 1,31
15 Filed Feb 2 1 1981 & & Wolfs	20 UN DERTAKER ADDRESS
Registrar	N. M. St. Clair Cambridge my

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

S. No.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. The laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-The ques-

Statement of Cause of Death—Name, first, the DISTERAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosputal fever (the only definite synonym is "Epidemic cerebrosputal primal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY " "Weakness," etc., when a definite disease ChronicExample: Measles (disease etc. valvular heart disease; Nomenclature of the The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AR 7 19

V. S. No. 1

		OF DEATH orchester	4000		93 01785	CERTIFIC	OF MARYI CATE OF I ation Dist. No.	DEATH
Vil		Cambridge L NAME John		rn S <u>hore</u>	State Hospit	al St.:	Ward) (If dea a hospition, gi stead number	th occurred in tal or Institu ve its NAME in of street and
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH				
3 9	Male	4 COLOR OR RACE	B SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	Nidowed		Februs		
6 0	6 DATE OF BIRTH Unknown , 1 (Year) (Month) (Day) (Year)				(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased fro January 26, 1923 to February 10, 1923 that I last saw h 1 alive on February 10, 1923			
7 A	About 6	66 yrs.	116	LESS than day hrs.	and that death occur	red on the date	stated above, at	4:10 A. m
W.C.	a) Trade, pro	ofession or	Ovetemen		** *** ** * * * * * * * * * * * * * *	50000000000000000000000000000000000000	400000 000 pa 00000000000000000000000000	
) (I b w	articular kind b) General na usiness, or es	ature of industry stablishment in ed or (employer) untry) Unknown	Oysterman		Secondary Left Hand (Signed)	treptococo	fuerre	on of the
ENTS & Q'I)	articular kind b) General na usiness, or es rhich employe BIRTHPLACE (State or cou 10 NAME OF FATHER 11 BIRTHPL (State or	d of work	K		Contributory Secondary Left Hand (Signed)	treptococo (Duration rleo Xa 1 (Address)	bus Infecti	on of the
PARENTS 6	orticular kind o) General na usiness, or es which employe IRTHPLACE (State or cou 10 NAME O FATHER 11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTH (State or	d of work	d d	GE	Contributory Secondary Left Hand (Signed) 1 SAA Feb 10, 1923	(Durston (Du	Desth, or, in of Injury and Hospitals, Inst	mos. 4 d M. I deaths from (2) Whether itutions, Tran county Mc

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of For many occupations a single word or term on Stationary fireman, etc. But in many

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telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be " "Marasmus," "Old Age," "Shock," cough; Committee on Nomenclature of the Chronic etc. valvular heart disease; The contributory

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise speciments and laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The questo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocespecially in industrial employments, it is neces-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitual nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; not be

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STATE OF MARYLAND

leath occurred in spital or institu-give its NAME inof street and ber.) ATH 19231 (Year).... he deceased from 28, , 1921 at 10:04 Am. mos......ds. ..mos.....de, desths from (2) Whether stitutions, Transs.....ds. TE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* laborer, Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile foctory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the dutics of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective or fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ('Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, pcriionaeum, etc., Carcinoma, Sarcoma, etc., ol interstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease;

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. Hausemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Campasitar, Architect, Locomotive engineer, Fareman, O. For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cattan mill; (a) Salesman. (b) man, (b) Automobile factory. The 7 without more precise specification as Day Hame, and children, not gainfully emfact may be indicated thus; Farmer re-Stationary fireman, etc. But in many -Caul mine, etc. (b) material Grocery,

Statement of Cause of Death—Name, first, the preasure causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Branchapneumonia ("Pneumonia,")

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If this certificate is looked over proved by Committee (Recommendations on statement of cause of danus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound af head-homicide; Paisoned by Examples: Accidental drowning; Struck by railway trainor as prabably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Traemia," "Weakness," etc., when a definite disease "Exhaustion, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report merc symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus," "Old Age, " "Shock," caugh; "Heart failure," "Haemorrhage, Chronic on etc. The n ture of the injury, valenlar heart Nomenclature Always qualify all The contributory "Dropsy, Measles; disease;

If this certificate is looked over thoroughly and all questions are percedun detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more province, etc. Wom-laborer, Form loborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solesmon, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer whatever, write None. business, that fact may be indicated thus; Former (reto report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the same for the same disease. Examples: Cerebrosphate fever (the only definite synonym is "Epidemic cerebrosphate for the only definite synonym is "Epidemic cerebrosphate");

Typhoid fever (never report "Typhoid Pneumonia");

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accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need 'Congenital,' "Senile,' etc.), "Dropsy,
," "Heart failure," "Haemorrhage, Committee on Nomenclature Chronic etc. The contributory valvular heart diseose; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	01791 STATE OF MARYLAND
County Deschipling	© CERTIFICATE OF DEATH
1	Registration Dist. No. 110
Village or City Hustoele (No.	(16.1 .1 .1 .1
2FULL NAME Stell Runth	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATE
6 DATE OF BIRTH Hele 18, 1931 (Month) (Day) (Year)	that I last saw h alive on 192
7 AGE Slephel Brown ds. Or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	successed of fire
business, or establishment in	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER JUNES JUNES JUNES	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Ibis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Udde Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death yrs nos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Lames Jenseus 5	Former or usual residence
(Address) Hunbocks and 13 2)	Mashinglor Cemelas Helm 19, 193/
15 Filed All 19 19231 R L Mastings Registrar	acomes Justino Hurlo eta
If more blanks are needed, address State Registrar	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation

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No. 1

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PLACE	OF DEATH
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County 19	ar



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STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.
2FULL NAME Gratues goforn	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME II steed of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 28 , 193/
6 DATE OF BIRTH (Mg/tth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to after floor, 192 , that I last saw h alive on 192
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at // Dim. The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Source Consulty 10 NAME OF FATHER Consulty 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) 14 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 15 BIRTHPLACE OF MOTHER OF MOTHER (State or Country)	(Duration) Contributory Secondary (Duration) (Duration) (Signed) *State the I issase Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 6 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual readence.
(Address) 192 Edward & Janker Begistrar	Thompsontoria, Dor. Eo. 4 MCh 2, 1936 20 UNDERTAKER ADDRESS ROUS. Ulima, Ma-

If more banks ere needed, addre.s Little Registrer, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, additional line is provided for the latter statement; it fulness of various pursuits can he known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should he used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physicum, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer For persons who have no occupation Stationary fireman, etc. But in (b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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6 (DATE OF BIR	тн	(Month)	MALUD (Day)	2-18/
7 4	(GE	55 yrs.	mos	ds	If LESS the last day
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POBY	a) Trade, properties of the pr	ature of industablishment in ed or (employe	n er)	seer ter (Ja. Ix
POBY	a) Trade, proarticular kin- b) General musiness, or e- which employ- SIRTHPLACE (State or con-	ature of industablishment in ed or (employed intry)	n er)	ter (o. h
S S	a) Trade, proarticular kinds) General nausiness, or exhibit employed (State or could be named to name of pather at the same of	ature of indus stablishment is ed or (employed intry)	n er)	ter (Kna leste	in Co
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S	a) Trade, practicular kinds) General musiness, or evhich employ BIRTHPLACE (State or cot 10 NAME 0 FATHER 11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTH	ature of industablishment in ed or (employed intry) ACE ER COUNTRY) NAME LER ACE	n er)	ter C Kna Leste Ln b Ln	in Con

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:Ward)	(if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
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MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Thuman 2/	, 1931
February (Month) 21	(Day) 3/ (Year)
I HEREBY CERTIFY, That I at	
2 8 1931 . to	14 21 , 193/
that I last saw h Are alive on Olf	2/ 1921
and that death occurred on the date states	above at 8'04P m
The CAUSE OF DEATH * was as follows:	11 1
Disease	*************************************
(Duration) Qu	ut. 18 mos de
Contributory Ilmin	ny Canzestin
(Durstion)	VI Dos 3 de
(Signed) CALLE MAKE 2ct 21 1934 (Address) Dana	eair M.D.
*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	tals, Institutions, Trans
At place In the of death yrsmos. Sta	teyrsnosds
Where was disease contracted, if not at place of death?	~4.00 ~000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Former or usual residence	100012011-7120-800-0011-1-00-1-1-1-1-1-1-1-1-1-1-1-1-
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fork heek Cemb. and	Tel 24, 19 3/
20 HADERTAKER	ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more province, etc. Wom-laborer, Form laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile foctory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on especially in industrial employments, it is neces-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebros pinal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on 'American Medical Association.) inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and a'l questions

HYSI	Exac	
B Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exac	ificate.
e statec	e prope	c of cert
should b	t it may b	s on back
ACE	that	action
supplied.	n terms a	statement of OCCUPATION is very important. See instructions on back of certificate.
carefully	TH in plai	portant.
hould be	OF DEA	is very im
matlon s	e CAUSE	PATION
Infor	d stat	OCCO
tem of	should	ent of
B Every i	CIANS	statem

PLA	CE	OF	DEATH	
1190 \$ 30	Do	rch	ester	

County

01734 (97)

STATE OF MARYLAND CERTIFICATE OF DEATH

PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex	4 COLOR OR RACE White	SINGLE. MARRIED. WIDOWED. OR DIVORCED Single (Write the word)	16 DATE OF DEATH February 9.,
DATE OF B	IRTH July (Month	25, , 1850 (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from April 9, 19230, to February 9, 19231 that I last saw her alive on February 9, 19231
AGE		lf LESS than l day hrs. mos. 12 ds. or min.?	
	oyed or (employer)	a	Contributory
which empl	oyed or (employer)		
which empl	oyed or (employer) E country) Maryls OF	and s McGrath	Contributory Secondary (Signed) Contributory Contributory Contributory Contributory Secondary S
BIRTHPLAC (State or	oyed or (employer) Ecountry) Maryls OF R Thomas PLACE IMER or country) Maryls	s McGrath	Contributory Secondary (Diffusion) - yrs mos d (Signed) - Maryland M. I Feb. 9. 19231 (Address) - Maryland
BIRTHPLAC (State or 10 NAME FATHE 11 BIRTH OF FA	oyed or (employer) E country) Maryls OF R Thomas PLAGE ITHER or country) EN NAME	s McGrath	(Signed) (Signe
which emploid which emploid (State or In Birth OF FA' (State or In Birth OF MO)	oyed or (employer) E country) Maryls OF R Thoma: PLACE IHER or country) EN NAME THER POlly IPLACE	s NcGrath ard Toadvine	(Signed) (Signe

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The If the occupation has been changed Laborer-Coal mine, etc. not gainfully em-(6) The quesmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiinges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular etc. The contributory heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 UREA

S. No. 1

	PLACE	OF DEAT	гн				
(County Q	orches	ter				
/	WITHIN		LIMITS .	P		1	
Vill	age or Cit	Camb	ulze	(No.	*****	7	136
	2FU	LL NAME	Sylv	esta	hat	han	il
	PERSO	NAL AND	STATIST	CAL PAR	TICUI	LARS	
3 5	ex nall	4 COLOR		B SINGLE, MARRIE WIDOWI OR DIVO (Write the	D. (3)	ingle	
5 D	ATE OF BI						
		Sup	(Month)	u /	(ay)	, 19/	3
7 A	GE				1	If LESS	than
		/) yre.	<u>5</u>	mos. Y	d.	l day	
(b) General rusiness, or	rofession or nd of work nature of ind establishment yed or (emplo	ustry in		T		· · · · · · · · · · · · · · · · · · ·
В	(State or co	untry)	heste	Lo			
1	10 NAME (1.		
S	11 BIRTHPI	LACE O	hun	Man Cr	uk	•	
RENTS	(State of	r country)	avel	urter	Co		
4	OF MOT		die)	nack			
	13 BIRTHP OF MOT (State of		unch	cu	K		
4 T	HE ABOVE	IS TRUE TO	THE BEST	OF MY K	NOWLE	DGE	
	'(Informan) add	i Ma	ek			
	(Add	ress) / 3 6	Was	hingt	Arc.	st	
5	1	1.27 19		850	voet	1	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

01795

Ward) (If death occurred In a hospital or institution, give its NAME Instead of street and number.)

ADDRESS

MEDICAL CERTIFICATE OF DEATH	
Month 2 4 (Day) 31 (Year). I HEREBY CERTIFY, That I attended the deceased from 20 1920. to Deliment 24, 1930 that I last saw harmalive on Deliment 24, 1930 and that death occurred on the date stated above, at 7:1, 2 P. The CAUSE OF DEATH * was as follows:	21
(Duration) yrs 7 mos (Contributory Secondary (Duration) yrs mos (Signed) Carry M. At 24 1984 (Address) Print tells M.	d
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans.)	
ients or Recent Residents) At place In the of death yrs mos ds. State yrs mos for not at place of death? Former or usual residence	d
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLD Feb 27, 193	

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coat muse, laborer, Farm laborer, Haborer at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; (Recommendations on statement of cause of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; affection need etc. The contributory not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 M

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Donchester	CERTIFICATE OF DEATH
MITHE SERVICE STREET	Registration Dist. No. // 6
Village or City Campridge (No. 40 2FULL NAME John Mathum	O High St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Marked WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 (Month) [(Day) 1731 (Year)
6 DATE OF BIRTH Aug 4 5 (Year) (Month) (Day) (Year)	17 I HERELY CERTIFY, That I attended the deceased from 2 3 1921 to 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
7 AGE If LESS than	
56 yrs. 5 mos. 16 ds. or min.?	
a OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	***************************************
business, or establishment in which employed or (employer)	(Duration) yie moe / 5 de.
9 BIRTHPLACE	Contributory Mening Secondary
(State or country) Baltimore Md	(Durelion) yre mos Z.de.
10 NAME OF FATHER Welloughley, Ixalland	(Signed) Canale & St Clin M. D.
11 BIRTHPI ACE	Fet 1 1921 (Address) Pin + Clar At
OF FATHER (State or country) Thanyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Charlatte Henson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	Ients or Recent Residents) At place In the
OF MOTHER (State or Country) Manyland	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
21 Lila V matthews	Former or usual residence
(Informant) Luca Pharieus (Address) Cambrudge Mid	lastan me Tell 4, 1931
15 Filed Hel 3, 193/ Dr ERWalf Registrar	20 UNDERTAKER APDRESS Cambrudge Me
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

A1706

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation); using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-ChronicExample: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles ;

If this certificate is looked over throughly and all questions answered in detail, it will prevent wither correspondence. All the data is essential and more by obtained vefore the certificate is



11	
PLACE OF DEATH	STATE OF MARYLAND
County De Chuli	© CERTIFICATE OF DEATH
CITIES OCREAGE LIMITED OF A	Registration Dist. No. 1/6
Village or City Cambridge (No. Can	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME	a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 (Month) (Dsy) (Year)
6 DATE OF BIRTH July 1	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Yesr)	that I last saw h Talive on our , 192 ,
7 AGE - Till horn If LESS than I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Include abotion as 3 miles
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)ysmosds.
10 NAME OF allow I make	(Signed). M. D.
II BIRTHPLACE OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Denting Mills	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant)	19 PLACE DE BURIAL OR REMOVAL DATE OF BURIAL
(Address) Cumbige MM	orspred gut Cambridge Hort 3/10, 193/
15 Filed Feb. 10 1931 EEWrop	2D UNDERTAKER ADDRESS Caculidas hel
	10 de a at Hotel Carelinas Hel

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (to state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer;" "Foreman," "Manager," "Deal-(a) Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions," resulting from childbirth or miscarriage as by Committee on Nomenclature of the and consequences (e. g., sepsis, Example: Measles (disease etc. The Measles;

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ż

PLACE OF DEA			01798	STATE OF CERTIFICATE	
Village or City 2FULL NAME.	Tillians	Sec.	hu	Registration St.: Ward	Dist. No
PERSONAL AND	STATISTICAL PARTIC	ULARS	MEDIO	CAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR	OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCE (Write the work	oringe,	16 DATE OF DEATH	SW. 7	_ 8, 19 Z
6 DATE OF BIRTH	(Month) (Day)	, 1929	17 Sur. 2.8		vended the deceased from V.38,
7 AGE yrs	4 mos. 20 d	If LESS than I dayhrs. ormin.?	The CAUSE OF DEA	TH* was as follows:	
(a) Trade, profession or particular kind of work (b) General nature of ind business, or establishment which employed or (employed or (State or country)	ustry	N. C.	Contributory	(Duration)	yra mos Z da.
OF FATHER OF FATHER OF FATHER (State or country)	ge munda Rapo, mo	1	Tell-2 8 192	(Address)	mo reeles
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Cevia Johns	hy.		ESIDENCE (For Hospi lesidents) In the mosds, Sta	tals, Institutions, Trans- teyrsmosds.
(Address) J	gens de la	nd mi	Former or usual residence	(**************************************	DATE OF BURIAL MM. 2, 19.3.
Filed Man Jam 19	Dianks are needed, address	Registran	Donald r, 16 W. Saratoga St.,	Richardson Balto., Requesting V.	S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servand, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-(a) Foremun, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Housenuid, etc. If the occupation has been changed report specifically the occupations of persons enor For many occupations a especially in industrial employments, it is neces-Farm laborer. Laborer-Coul mine, etc. Wom-At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on not gainfully em-6 Grocery; (rei

Strtement of Cause of Death—Name, first, the bisman is a construction of Cause of Death—Name, first, the bisman is a construction of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Traemia," "Weakness," etc., when a definite disease "E:haustion," "Heart range," "Old Age," "Shock, stited unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-Whooping Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, interstitial nephritis, cough; or intercurrent) affection need not be "Heart failure," "Ifaemorrhage," Chronic valvular heart disease etc. The Nomenclature contributory

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more process. Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; i nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of whatever, write Nane. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). For persons who have no occupation Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drawning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT WITH UNFADING INK-THIS IS A PERMA. WRITE PL

BINDI

MARGIN RESERVED FOR

V. S. No. 1

	PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Caruladye (No. Cocul	Registration Dist. No. Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5-SINGLE, MARRIED, WILLOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH THE WOODS (Month) (Day) (Year)
	6 DATE OF BIRTH WY Janvin, I	17 I HEREBY CERTIFY, That I attended the deceased from 1921. to 34 75 , 1921.
	(Month) (Day) (Year) 7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession or farm Subirm (b) General nature of industry	Endri Narula Renal Origine
1 2 2	business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrsmos
	10 NAME OF FATHER Note thrown	(Signed) Stell M. D. 7/26 1921 (Address) Cauling Md.
	OF FATHER (State or country) W Control Contro	*State the l'is ase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER TO Thomas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In theyrsmosds. Where was disease contracted,
	(Informant)	if not at place of dea.h? Former or usual residence Decknoth Nook, luck
	(Address)	Bekuth Kelk Med Fel 27 1931
	Filed Feb 27, 1931 EEWAY Registrar	20 yn DERTAKER St. Clair Camb M.
11	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., without more process. Tool mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary, to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

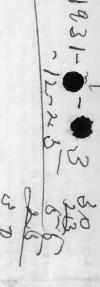
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tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injury cough; Chronic valvular heart disease; and consequences (e. g., sepsis affection etc. The contributory need not be

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the husiness or industry, and therefore an whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dcalworked on may form part of the second statement. " etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery,

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		PLACE OF DEATH	STATE OF MARYLAND
		County Dorelester	CERTIFICATE OF DEATH
		County	(5)
		MD . 1 a l	Registration Dist. No. // b
	Vil	llage or City (No.	St.: Ward) (If death occurred in a hospital or institu-
000		2FULL NAME Charlie West	tion also lie NAME in-
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2	3 5	nule Colored (Write the word)	16 DATE OF DEATH 726 22 , 192 /
2	6 1	DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
5		march 9 141	not at all 192 . to
5		(Month) (Day) (Year)	that I last saw halive on192,
	7 1	AGE 49 If LESS than	and that death occurred on the date stated above, atm.
3		50 a li day hrs.	The CAUSE OF DEATH * was as follows:
		yrs. mos. ds. or min.?	O · Nonlite
0	11	a) Trade, profession or	Chrome 11 Junes -
N		b) General nature of industry	
0	b	ousiness, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
	-	BIRTHPLACE A A	Contributory
	3	(State or country) Jouchester (D.	Secondary (Duration)yrs
-	-	10 NAME OF ALL	(Signed) ERWalf & R. M. D.
2		FATHER Even J. Slanley	192 (Address) Campi En ked
0	RENTS	OF FATHER (State or country) Doublester	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	REI	12 MAIDEN NAME	
	PA	OF MOTHER Makala Unnil Guckson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
		13 BIRTHPLACE OF MOTHER OF MOTHER	At place In the
		(State or Country)	Where was disease contracted.
5	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
		(Informant) Christ O. Council	usual residence
		(Address) Olivey, Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL Fol 25. 1931
	15	Filed July 23 1931 SBNAPA Registrar	20 UNDERTAKER ADDRESS Cambridge med
	-	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: ('ercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Whooping (Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic valvular etc. Nomenclature The contributory Always qualify all heart disease;

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MAR	WRITE PLANTH UNFADING INK-THIS IS A PERMANENT CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very Important. See instructions on back of certificate.	
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PLACE OF DEATH	01803 STATE OF MARYLAND
County Wales	CERTIFICATE OF DEATH
WITTIN OCHPORATE LINES OF	Registration Dist. No. // 6
Village or City Cambridge (No.	St.: Ward) (If death occurred in
2FULL NAME South Th	a hospital or institu- tion, give its NAME Ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX June 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I strenged the deceased from
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw h alive on 1920.
1 day	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or January particular kind of work	Amble Sobo Menning
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds,
9 BIRTHPLACE (State or country)	Contributory Secondary Duration
FATHER Mullin Thurpun	(Signed) M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deatha from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother wary Johnson	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Waller I hungern	Former or usual residence b/hompontown had.
(Address) E. N. Monculmi	19 PLACE OF BURIAL PREMOVAL DATE OF BURIAL SHAWLENGE THE MAN JULY 193/
Filed Feld 7 1981 Eswelf Registrar	20 UNDERTAKER HAWRENCHIZITAN EN. MORRETMA
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., without more province and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed: As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer Ire or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia")

telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercausing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death (secondary or Chronic interstitial nephritis, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee on intercurrent) affection need not be Chronic chopneumonia (secondary), etc. valvular heart Nomenclature The contributory Measles ; disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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CCO

IN ACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institution, give its NAME is stead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE 3 SEX

2FULL NAME.

MARRIED WIDOWED OR DIVORCED (Write the word)

SINGLE

DATE OF BIRTH

(Month)

7 AGE

IIILESS than I day hrs.

(Day)

BOCCUPATION (a) Trade, profession or

particular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

II BIRTHPLACE OF FATHER (State or country)

PARENT 12 MAIDEN NAME OF MOTHER

> 13 BIRTHPLACE OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE

(Informant)

15 Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

It heather

(Day) (Month)

I HEREBY CERTIFY. That I attended the deceased from

that I last saw h alive on and that death occurred on the date stated above, at

The CAUSE OF DEATH * was as follows:

Contributory Secondary

*State the Illscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Realdents) In the

At place Where was disease contracted,

if not at place of dea.h?..

State vrs mos...

usual residence

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

ADDRESS

DATE OF BURIAL

If more blanks are needed, addre a tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houselaborer, Farm loborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (ce state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Good, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

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> approved by Committee on American Medical Association.) "" ("contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) use of "Tumor" for malignant neoplasms); Mcosles, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., scpsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi interstitial nephritis, Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

date is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions permanently filed.

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If more branks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepts ed term for the same disease. Examples: Cerebro pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Procedure pneumonia, Bronchopneumonia ("Pneumonia,");

1931-2-28

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BURE

STATE OF MARYLAND-CERTIFICATE OF DEATH

01896

1. PLACE OF DEATH					
county Dor cheste	N		Registration Dist. No. // D		
Village or City Mean J		vrs mos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
2. FULL NAME	e R. P.	(rabin	Wing		
(a) Residence: No. Will	(Usual place of	a Vid Kid	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATI	STICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
SEX 4. COLOR OR RACE Colored	S. SINGLE, MARK OR DIVORCED	RIED, WIDOWED.	21. DATE OF DEATH (Month) (Day) (Year)		
a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I ettended deceased fro		
. DATE OF BIRTH (month, day, and year)	bras. 20"	1930	I last saw h alive on		
. AGE Years Months		If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 5-15 A-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onse		
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	More		no the er cure in alludure		
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc			supposed to be removed		
10. Date deceased last worked at this occupetion (month and year)	spen	me (years) It in this pation	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town)	.		Utilet Contributory Causes of Importance.		
13. NAME GOSONA	neen				
13. NAME Coscolia 14. BIRTHPLACE (city or town) (State or country)	trid.		Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?		
15. MAIDEN NAME Sulli	a Wing	1	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)			Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? (Specify city or town, county and State)		
7. INFORMANT OS ON A	Sycers.	wd.	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Skinner's hurs. Md. Date Seb. 27", 1931.			Manner of injury		
19. UNDERTAKER (Address)	done & Son	and.	24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) In the Amanuage Amount of the specific of t		
20. FILED # Le 20 6 , 1961 1/	L. Musli	Registrar.	(Address) Hurle hr. Inf		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 'years' or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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